

- FENCES & WALLS -

PERMIT APPLICATION PACKET

IN ORDER TO PROCEED A MINIMUM NON-REFUNDABLE REVIEW SUBMITTAL FEE IS DUE AT THE TIME OF APPLICATION

The following application is to be used for the construction of a PVC, wood, aluminum, masonry, chain link or any other type of ornamental fence or wall.

Step 1 - Verify allowance and standards: It is recommended to contact the Building and Planning Division at (772) 597-8281 to determine allowance and discuss applicable standards.

Step 2 - Application and Plan Requirements: Complete the application in its entirety and create plan:

- ALL Applications for all building projects are to include two (2) complete copies:
- ➤ Application for all Fences\Walls are to include:
 - A Survey which indicates the property lines, all existing structures, and proposed fence locations with the setback measurements to the property line. Site plan must include landscaping (when required) and indicate any trees that are to be removed.
 - o Walls will require one set of signed and sealed engineered construction drawings.
 - o If work is done by the owner, Owner\Builder affidavit is required.
 - A certified recorded copy of the notice of commencement is required prior to construction when construction value exceeds \$2,500.00.
- ➤ Plan must include:
 - o Property address.
 - Location of the new fences \ walls and its relationship to any property lines and existing structures including any gate locations.
 - o If masonry, full construction detail of all work being done, including but not limited to architectural and structural drawings and specifications for the foundation and wall; and
 - Proposed height and type of fence/walls to be installed/color/material type, and lineal footage.
- **Step 3 Submit:** Submit the application, associated documents and plans, survey, NOA's and review fees by one of the following ways:
 - ➤ *In Person:* Village Hall Building Division, 15516 SW Osceola St., Suite B, Indiantown, FL 34956 between hours of: 8:00 A.M. 4:00 P.M. Monday Friday.
 - > By Mail: Village of Indiantown, P.O. Box 398 Indiantown, FL. 34956
 - > (If any documents require additional copies that are not enclosed here will be a charge per page copy fee (this does not include plans) which will be assessed prior to the permit being released)
- **Step 4 Staff Review:** Staff will review the proposed request for compliance with Village standards and will offer any applicable comments.
- **Step 5 Permit Issuance, Payment and Construction:** Once approved, payment is made/verified, a permit is issued and then construction may start.
- **Step 6 Inspection:** To Schedule an inspection call: (772) 597-8281 or Email: permit.tech@indiantownfl.gov

Notes of Importance:

- The application must be completed in its entirety and the permit review fee must be provided at time of submittal. Incomplete applications and failure to pay at time of submittal will not be accepted.
- The finished side (good side) is to face outwards of the property.
- The maximum height for side and rear yard fences / walls is 6 (six) feet. (Unless it's a corner lot and the street side is 4 (four) feet)
- The maximum height for front yard fences is 4 (four) feet.
- NOTE: New Material Type.
- Chain link fences in front yards must be coated in vinyl.
- If existing fence/wall exists Note: What type of material is being removed.
- Applicable standards are identified within the Village of Indiantown Land Development Code (LDR) (Sec.3-4.7).
- When a permit is obtained it often requires a contractor to be registered and licensed.

The above list is provided as general overview of the minimum requirements and is not intended to be all inclusive of all ordinance and codes. For clarification of your individual circumstances or general questions, please contact the Building Division at (772) 597-8281 or permit.tech@indiantownfl.gov. Please note: lack of information provided may constitute as an incomplete submittal, thus delaying the review process.

| Project | | Progressive Review Time |
|---------|--|-------------------------|
| > | Submittal of application and necessary documents | |
| > | Staff review * | 0-5 days |
| > | Permit issuance | 0-1 day |
| | Approximate Time of Review Total | 0-6 days * |

^{*}Estimations may vary. Review time is dependent upon request type, submittal date, necessary revisions, resubmittals, and any other required documentation*





FENCES & WALLS

PERMIT APPLICATION

Application must be typed or printed legibly in ink. Complete all relevant fields.

| 1. | JOB ADDRESS: | | | | |
|-----|--|---|-----------|------------------|---------------------------|
| 2. | PARCEL ID NUMBER: | | | | |
| 3. | CONTRACTOR: | | LICENSE # | : | |
| | ADDRESS: | CITY: | | STATE: | ZIP: |
| | PHONE #: | E-MAIL: | 11. | | |
| 4. | PROPERTY OWNER: | | Is Prop | perty Owner Occi | upied: Yes No |
| | ADDRESS: | CITY: | | STATE: | ZIP: |
| | PHONE #: | E-MAIL: | | | I |
| 5. | PROJECT ARCHITECT/DESIGNER: | | LICENSE # | t: | |
| | ADDRESS: | CITY: | | STATE: | ZIP: |
| | PHONE #: | E-MAIL: | | | |
| 6. | PROJECT ENGINEER: | | LICENSE # | t: | |
| | ADDRESS: | CITY: | | STATE: | ZIP: |
| | PHONE #: | E-MAIL: | | | |
| 7. | CONTACT (If different than above): | | | | |
| | ADDRESS: | CITY: | | STATE: | ZIP: |
| | PHONE #: | E-MAIL: | | | |
| 8. | IS THE PROPERTY: SINGLE FAMILY | MULTI-FAMILY | COMMERC | CIAL V | ACANT |
| 9. | DESCRIPTION OF WORK: | | | | |
| | | | | | |
| | | | | | |
| 10. | EXISTING FENCE/WALL: YES / NO EXISTING MA | ATERIAL TYPE: | | | |
| 10. | NEW TYPE MATERIAL: | 11. LENGTH: | LINE | AL FEET: | |
| 12. | HEIGHT: | 13. ZONING DISTRICT: | | | |
| 14. | ESTIMATED CONSTRUCTION VALUE (Include material and labor of | cost): \$ | | (Copy of Invoice | /Contract to be included) |
| | IF CONSTRUCTION VALUE EXCEEDS \$2,500.00, A NOTICE OF COM TO THE FIRST INSPECTION. WARNING TO OWNER: FAILURE TO R TWICE FOR THE IMPROVEMENTS TO YOUR PROPERTY. IF YOU IF ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEM | ECORD A NOTICE OF COMINICATION TO OBTAIN FINANC | MENCEMEN | NT MAY RESULT | IN YOUR PAYING |

NOTICE: SEPARATE PERMITS ARE REQUIRED FOR FIRE SYSTEMS, ALARMS, SPRINKLER SYSTEMS, PLUMBING WORK, IRRIGATION, GAS, LOW-VOLTAGE, SOLAR, GENERATOR, GREASE TRAPS, MECHANICAL WORK, ELECTRICAL WORK, WINDOWS/DOORS, POOL/SPA, FENCE, SCREENROOM & ANY OTHER ACCESSORY STRUCTURE. THIS PERMIT BECOMES NULL AND VOID IF WORK OR CONSTRUCTION AUTHORIZED IS NOT COMMENCED WITHIN 6 MONTHS OF ISSUANCE, OR IF CONSTRUCTION OR WORK IS SUSPENDED OR ABANDONED, AT ANY TIME, FOR A PERIOD OF 6 MONTHS AFTER WORK IS COMMENCED.

15. I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction. I further certify

| Contractor: | | Owner/ Owner Agent: | |
|--------------------------|------------------------------------|--|---------------------|
| Printed Name of Contrac | ctor | Printed Name of Owner | |
| | | | // |
| Signature of Contractor | Date | Signature of Owner | Date |
| The foregoing instrumer | it was acknowledged before me this | The foregoing instrument was acknowle | dged before me this |
| day of | by | day of, | 20by |
| | (Name of person | | (Name of persor |
| acknowledging). He/sh | e is personally known to me or has | acknowledging). He/she is personally k | |
| produced (type of identi | fication) | produced (type of identification) | |
| | as identification. | | as identification |
| Notary Public – State of | | Notary Public – State of | |
| | County | County | |
| My Commission Expires: | | My Commission Expires: | |
| r Internal Use Only: | | | |
| cepted By: | Reviewed By: | | CMU ☐ LI ☐ C |
| | · | District | |
| ite: | Date: | I IRINMUI VIVIO | U I HII F |

Site Plan

Plans must show actual setbacks on site plan (below) from all property lines of all STRUCTURES, including location of proposed and existing buildings, location of septic tank(s), well(s), drain-field(s) and access roads.

Show actual distance from property lines **IN FEET** to proposed and existing buildings.

| | REAR OF PROPERTY |
|-------------------|----------------------------------|
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| | |
| | FRONT OF PROPERTY |
| Minimum Setbacks: | of Indiantown Zoning Department) |
| | |
| Front: | Lot Dimensions: |
| Back: | Acreage: More or Less |
| Sides: | |
| Flood Zone: | Flood Vents Required:Yes No |

| Permit #: |
|-----------|
|-----------|



VILLAGE OF INDIANTOWN OWNER BUILDER DISCLOSURE STATEMENT/AFFIDAVIT

This form is required to be completed by owners of the property when acting as their own contractor and providing direct, onsite supervision themselves of all work not performed by licensed contractors. Florida Statutes FL489.103(7) are quoted here in part for your information to indicate the authority for exemptions for homeowners from qualifying as contractors and to express any applicable restrictions and responsibilities. Before a building permit can be issued property owners must personally appear at the Building Division to sign this document. By signing this affidavit, you attest that:

| personally ap | pear at the building bivision to sign this document. By signing this anidavit, you attest that. |
|---------------|---|
| Initials | I understand that state law requires construction to be done by a licensed contractor and have applied for an owner-builder permit under an exemption from the law. The exemption specifies that I, as the owner of the property listed, may act as my own contractor with certain restrictions even though I do not have a |
| mitais | license. |
| | I understand that building permits are not required to be signed by a property owner unless he or she is |
| Initials | responsible for the construction and is not hiring a licensed contractor to assume responsibility. |
| | I understand that, as an owner-building, I am the responsible party of record on a permit. I understand |
| | that I may protect myself from potential financial risk by hiring a licensed contractor and having the permit |
| Initials | filed in his or her name instead of my own name. I also understand that a contractor is required by law to |
| | be licensed in Florida and to list his or her license numbers on all permit and contracts. |
| | I understand that I may build or improve a one-family or two-family residence or a farm outbuilding. I may |
| | also build or improve a commercial building if the costs do not exceed \$75,000. The building or residence |
| | must be for my own use or occupancy. It may not be built or substantially improved for sale or lease. If a |
| Initials | building or residence that I have built or substantially improved myself is old or leased within 1 year after |
| | the construction is complete, the law will presume that I built or substantially improved it for the sale or lease, which violates this exemption. |
| | I understand that, as the owner-builder, I must provide direct, onsite supervision of the construction. |
| Initials | Tanadiotana that, as the switch saludot, i mast provide allost, should supervision of the solidated on. |
| IIIIIais | I understand that I may not hire an unlicensed individual person to act as my contractor or to supervise |
| | persons working on my building or residence. It is my responsibility to ensure that the person whom I |
| Initials | employ have the licenses required by law and by county or municipal ordinance. |
| maaa | I understand that it is frequent practices of unlicensed persons to have the property owner obtain an |
| | owner-builder permit that erroneously implies that the property owner is providing his or her own labor and |
| | materials. I, as an owner-builder, may be held liable and subjected to serious financial risk for any injuries |
| Initials | sustained by an unlicensed person or his or her employees while working on my property. My |
| | homeowner's insurance may not provide coverage for those injuries. I am willfully acting as an owner- |
| | builder and am aware of the limits of my insurance coverage for injuries to workers on my property. |
| | I understand that I may not delegate the responsibility for supervising work to a licensed contractor who is |
| | not licensed to perform the work being done. Any person working on my building who is not licensed must |
| | work under my direct supervision and must be employed by me, which means that I must comply with laws |
| Initials | requiring the withholding of federal income tax and social security contributions under the Federal Insurance Contributions Act (FICA) and must provide workers' compensation for the employee. |
| | understand that my failure to follow these laws may subject me to serious financial risk. |
| | I agree that, as the partly legally and financially responsible for this proposed construction activity, I will |
| | abide by all applicable laws and requirements that govern owner-builders as well as employers. I also |
| Initials | understand that the construction must comply with all applicable laws, ordinances, building codes and |
| | zoning regulations. |
| | I am aware of construction practices, and I have access to the Florida Building Code. |
| | |
| Initials | |

OWNER BUILDER AFFIDAVIT Rev. 3/31/2023

| | I understand that I may obtain more information regarding my obligations as an employer from the Interna Revenue Service, the United States Small Business Administration, the Florida Department of Financial |
|---|--|
| | · |
| Initials | Services, and the Florida Department of Revenue. I also understand that I may contact the Florida |
| | Construction Industry Licensing Board at 1-850-487-1395 or at www.myfloridalicense.com for more |
| | information about licensed contractors. |
| | I am aware of, and consent to; owner-builder building permits applied for in my name and understand that |
| | I am the partly legally and financially responsible for the proposed construction activity at the address |
| Initials | listed below. |
| | Licensed contractors are regulated by laws designed to protect the public. If you contract with a person |
| | who does not have a license, the Construction Industry Licensing Board, the Department of Business and |
| | Professional Regulation and the building department may be unable to assist you with any financial loss |
| | that you sustain as a result of a compliant. Your only remedy against an unlicensed contractor may be in |
| Initials | civil court. It is also important for you to understand that, if an unlicensed contractor or employee of an |
| miliaio | individual or firm is injured while working on your property, you may be held liable for damages. If you |
| | obtain an owner-builder permit and wish to hire a licensed contractor, you will be responsible for verifying |
| | whether the contractor is properly licensed and the status of the contractor's workers' compensation |
| | coverage. |
| | |
| • | tify the Building Division immediately of any additions, deletions, or changes to any of the information that I |
| have provided | ed on this disclosure. |
| I do hereby s | state that I am qualified and capable of performing the requested construction involved with the permit |
| application file | led and agree to the conditions specified above. |
| 1 | |
| | |
| Printed N | Name of Owner Signature of Owner Date |
| , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | and of o'mor |
| | |
| Driver's L | License # |
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| Aaaress | of Subject Property |
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| A violation o | of this exemption is a misdemeanor of the first degree punishable by a term of imprisonment not |
| | I year and a \$1 000 00 fine in additional to any civil penalties. In addition, the local permitting |

A violation of this exemption is a misdemeanor of the first degree punishable by a term of imprisonment not exceeding 1 year and a \$1,000.00 fine in additional to any civil penalties. In addition, the local permitting jurisdiction shall withhold final approval, revoke the permit, or pursue any action or remedy for unlicensed activity against the owner and any person performing work that requires licensure under the permit issued.

OWNER BUILDER AFFIDAVIT Rev. 3/31/2023

NOTICE OF COMMENCEMENT

To be completed when construction value exceeds \$2,500.00 (Recorded copy needs to be submitted to the permitting office)

| PERMIT#: | TAX FOL | .IO#, | | = |
|--|---|---|---|--------------|
| STATE OF FLORIDA | COUNTY | OF MARTIN | | |
| The undersigned hereby gives notice that Statutes, the following information is pro | • | 1 1 7 | cordance with Chapter 713, Florida | |
| LEGAL DESCRIPTION OF PROPERTY (AND |) STREET ADDRESS, IF AV | AILABLE): | | |
| GENERAL DESCRIPTION OF IMPROVEMENT | T: | | | <u> </u> |
| OWNER INFORMATION OR LESSEE INFORMATION OR L | , | CONTRACTED FOR THE IMPROVEMEN | NT: | |
| Address: | | | | <u> </u> |
| Interest in property: | der (If different from Own | er listed above): | | _ |
| CONTRACTOR'S NAME: | | Phone No.: | | _ |
| Address: | | | | |
| SURETY COMPANY (If applicable, a copy Name and address: | | ached): | | |
| Phone No.: | | Bond amount: | | _ |
| LENDER'S <u>NAME</u> : Address: | | | hone No.: | _ |
| Persons within the State of Florida design (1) (a) 7, Florida Statutes: Name: Address: | | Pł | | ; |
| | | | | |
| In addition to himself or herself, owner receive a copy of the lienor's Notice as pr Phone number of person or entity designal | ovided in Section 713.13 | B(I)(b), Florida Statues. | | _to |
| Expiration date of Notice of Commencem (The expiration date may not be before the recording unless a different date is specification.) | ne completion of construc | | actor, but will be1 year from the date of | |
| WARNING TO OWNER: ANY PAYMENTS MAI MPROPER PAYMENTS UNDER CHAPTER MPROVEMENTS TO YOUR PROPERTY. A N | 713. PART I. SECTION 71 | 13.13. FLORIDA STATUTES AND CAN | RESULT IN YOUR PAYING TWICE FOR | |
| | | | NEY BEFORE COMMENCING WORK OR | |
| MOLECTION IL TOO INTEND TO OBTAIN | EMENT | | | |
| | <u>JEIWIEIVI</u> | | | |
| RECORDING YOUR NOTLCE OF COMMENC | | nd that the facts in it are true to the b | best of my knowledge and belief. | |
| RECORDING YOUR NOTLCE OF COMMENC | ave read the foregoing a | | , | |
| RECORDING YOUR NOTLCE OF COMMENC | ave read the foregoing a | | , | |
| RECORDING YOUR NOTLCE OF COMMENCE Under penalty of perjury, I declare that I have Grant to the second sec | ave read the foregoing a | | , | |
| RECORDING YOUR NOTICE OF COMMENCE Under penalty of perjury, I declare that I have dignature of Owner or Lessee, or Owner's ignatory's Title/Office | ave read the foregoing a | Officer/Director/Partner/Manager/Att | torney-in-fact | |
| RECORDING YOUR NOTLCE OF COMMENCE Under penalty of perjury, I declare that I have ignature of Owner or Lessee, or Owner's ignatory's Title/Office the foregoing instrument was acknowledge | ave read the foregoing a | Officer/Director/Partner/Manager/Att | torney-in-fact | |
| RECORDING YOUR NOTICE OF COMMENCE Under penalty of perjury, I declare that I have signature of Owner or Lessee, or Owner's signatory's Title/Office The foregoing instrument was acknowledge We Name of person | ave read the foregoing and sor lessee's Authorized and before me this | Officer/Director/Partner/Manager/Att | torney-in-fact | |

(Print, Type, or Stamp Commissioned Name of Notary)

<u>ADA Accessibility Disclosure Statement</u> - This document may be reproduced upon request in an alternative format by contacting the County ADA Coordinator (772) 320-3131, the County Administration Office (772) 288-5400, Florida Relay 711, or by completing our accessibility feedback form at www.martin.fl.us/accessibility-feedback.

MARTIN COUNTY LOCATIONS TO RECORD NOTICE OF COMMENCEMENT

LOCATIONS:

COURTHOUSE STUART OFFICE

100 SE Ocean Blvd. Stuart, Florida 34994 (772) 288-5576 8:00 am - 5:00 pm Monday - Friday Open - Appointments Preferred Services provided by Phone or Online

HOBE SOUND BRANCH OFFICE

11730 SE Federal Hwy.
Hobe Sound, Florida
(772) 546-1308
8:00 am - 12:00 pm
1:00 pm - 4:30 pm
Monday - Friday
Limited Public Access - By Appointment Only
Services provided by Phone or Online

INDIANTOWN BRANCH OFFICE

16550 SW Warfield Blvd.
Indiantown, Florida
(772) 223-7921
Hours of Operation: Every Wednesday
8:00 am - 4:30 pm
Closed 1:00 pm - 2:00 pm

MAILING ADDRESS

Clerk of the Circuit Court and Comptroller PO Box 9016 Attn: Recording Stuart, FL 34995

The recording fee for any document up to $8 \frac{1}{2} \times 14$ inches in size is \$10.00 for the first page.